

**Increase your business opportunities!
List your company in SBA's Automated
Directory of Small Businesses...PASS**

**Complete and Return this Form To:
U.S. Small Business Administration
P.O. BOX 9000
Melbourne, FL 32902-9919**

**SBA
PASS**

Instructions:

Complete all items on this form as accurately as possible. Key items are defined on the reverse side of the form. The form must be signed by a principal of the company as distinguished from an agent, however constituted. The completed form will constitute official self certification as to size, minority, and/or woman owned status. See certification statement at signature block. Write N/A in boxes if not applicable.

What Happens:

We will notify you as soon as your company is listed in the Procurement Automated Source System (PASS). Your company's capabilities are then available to many Government agencies and major corporations when they request potential bidders for contracts and subcontracts. Remember - although PASS increases your exposure, it does NOT guarantee solicitations or contracts. PASS should be just one element of your regular marketing efforts.

PASS is Free! You have nothing to lose and possibly new contracts to gain. Don't delay... Return this application today!

The following company profile is ☐ a new listing or ☐ an updated listing.

PROCUREMENT AUTOMATED SOURCE SYSTEM (PASS) - COMPANY PROFILE

Identification Section

Company Name _____ Employer ID Number _____
(EIN, Tax Id, or SS#)
Mailing Address _____ DUNS Number _____
(DUN & Bradstreet)
City _____ State _____ ZIP _____ Year Business Established _____
Average Gross Revenues _____
(Last Three Years)
Phone "Number () - FAX Number () - Average Number of Employees _____
(Last Twelve Months)
Contact _____ Title _____

Organizational Data

Type of Organization - ☐ Corporation ☐ S. Corporation ☐ Sole Proprietorship ☐ Partnership
Parent Company Name _____ Affiliate Name _____
Average Gross Revenue (Last Three Years) _____ Average Gross Revenue (Last Three Years) _____
Average No. Employees (Last Twelve Months) _____ Average No. Employees (Last Twelve Months) _____
Affiliate Name _____ Affiliate Name _____
Average Gross Revenue (Last Three Years) _____ Average Gross Revenue (Last Three Years) _____
Average No. Employees (Last Twelve Months) _____ Average No. Employees (Last Twelve Months) _____

Ownership Data

Check boxes appropriately if company is at least 51% owned, controlled and actively managed by any of the following. (Note: Minority Person includes black, Hispanic, Native American, Asian Indian, or Asian Pacific)

☐ U.S. Citizen ☐ Minority Person ☐ Woman/Women ☐ Veteran ☐ Disabled Veteran ☐ Vietnam Vet. (1964-1975)

If you checked Minority Person, check one of the following.

☐ Black American ☐ Hispanic American ☐ Native American ☐ Subcontinent Asian American ☐ Asian Pacific American

Native American includes American Indian, Eskimo, Aleut, and Hawaiian - Subcontinent Asian American includes India, Pakistan, Bangladesh, etc.* - Asian Pacific American includes Orientals, Pacific Islands, Philippines, etc.* *For complete list, refer to 13 CFR 124.105b

Business Types

PASS is divided into 4 types of business. Please estimate the percentage of your business allocated to the following (total must equal 100) and complete the appropriate Section(s).

Manufacturing/Supplies _____ %

Check Applicable Box(es)

☐ Manufacturer ☐ Dealer ☐ Wholesale Distributor

Manufacturing Facility Size _____ SQ. FT.

Research and Development _____ %

Number of Engineers and Scientists _____
Expertise of Key Personnel (Limit 150 Characters) _____

Construction _____ %

Current Aggregate Bonding Level \$ _____
Current Bonding Level Per Contract \$ _____
Maximum Operating Radius _____ (miles)
-Anywhere in the U.S., enter 3999 above.
-Anywhere in the World, enter 9999 above.

Services _____ %

Current Aggregate Bonding Level \$ _____
Current Bonding Level Per Contract \$ _____
Maximum Operating Radius _____ (miles)
-Anywhere in the U. S., enter 3999 above.
-Anywhere in the World, enter 9999 above.

Capabilities Section (Limit 350 characters; be concise and avoid abbreviation and generalities)

List products, services, special capabilities, and important categories under which you want **your business listed**. The system searches businesses based on the capabilities you list in this section.

Standard Industrial Classification (SIC) Code(s)

If unknown, leave blank. Appropriate codes will be assigned.

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Special Equipment/Materials (Limit 50 characters)

List

CAGE Code	Manufacturing Quality Assurance	Miscellaneous					
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="checkbox"/> MIL-I-45208 <input type="checkbox"/> MIL-Q-9858 <input type="checkbox"/> Other _____	Metric Capability <input type="checkbox"/> Yes <input type="checkbox"/> No Accept VISA Credit Card <input type="checkbox"/> Yes <input type="checkbox"/> No

Security Clearance**Export Activity**

Top Secret Secret Confidential Other

Key Personnel ☐ ☐ ☐ ☐

Site ☐ ☐ ☐ ☐

If other provide description _____

- ☐ Active Experienced Exporter
☐ Interested And/Or New to Exporting
☐ Not Interested

If you checked Active or Interested, please check one or more of the following geographic areas.

- | | |
|---|--|
| <input type="checkbox"/> Western Europe | <input type="checkbox"/> Middle East |
| <input type="checkbox"/> Eastern Europe/NIS | <input type="checkbox"/> Asian Pacific |
| <input type="checkbox"/> The Americas | <input type="checkbox"/> Africa |

Performance History (Contract References)

Contract Start Date _____	Contract Start Date _____
Dollar Value _____	Dollar Value _____
Product/Service Desc. _____	Product/Service Desc. _____

Contact Name _____	Contact Name _____
Contact phone No. _____	Contact Phone No. _____

Contract Start Date _____	Contract Start Date _____
Dollar Value _____	Dollar Value _____
Product/Service Desc. _____	Product/Service Desc. _____

Contact Name _____	Contact Name _____
Contact Phone No. _____	Contact Phone No. _____

Definitions

SIZE OF BUSINESS - A small business concern for the purpose of Government procurement is a concern, including its affiliates, which is independently owned and operated, is not dominant in the field of operation in which it is competing for government contracts and can further qualify under the criteria concerning number of employees, average annual receipts, and other criteria as prescribed by the U.S. Small Business Administration. (See Code of Federal Regulations, Title 13, Part 121, as appended, which contains detailed industry definitions and related procedures.)

MINORITY/WOMEN/VETERAN OWNED STATUS - Qualifying firms must be at least 51% owned, controlled, and actively managed by such individuals.

CAGE Code (Commercial and Government Entity Code) This is a code assigned to contractors providing goods and services to the Federal Government. For information about CAGE codes, call (616) 961-4955

DISASTER RESPONSE - Firm's capacity for disaster response (if any) should be included in the capability statement. Required information includes 24 hour-a-day contact and the ability to ship manufactured goods within 24 hours of receiving order.

QUALITY ASSURANCE - Information applies to manufacturing processes for the Department of Defense.

CERTIFICATION - I certify 1) that this is a small business as defined in the DEFINITION section; 2) that the characteristics of the firm's ownership are accurately reflected in the OWNERSHIP section; 3) that all information supplied herein (including all attachments) is correct; and 4) that neither the applicant nor any person (or concern) in any connection with the applicant as principal or officer, so far as known, is now debarred or otherwise declared ineligible by any agency of the Federal Government from making offers for furnishing materials, supplies, or services to the Government or any agency thereof.

INFORMATION IN THIS PROFILE MAY BE DISCLOSED AT THE DISCRETION OF THE U.S. SMALL BUSINESS ADMINISTRATION

Signature of Company Officer _____ Title _____ Date _____

Please Note: The estimated burden hours for the completion of this form is 15 minutes per response. If you have any questions or comments concerning this estimate or any other aspect of this information collection please contact, Chief Administrative Information Branch, U.S. Small Business Administration, 409 3rd St., SW, Washington, D.C. 20416, or Gary Waxman, Clearance Officer, Paperwork Reduction Project (3245-0024), Office of Management and Budget, Washington, D.C. 20503

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